

Address Confidentiality Program AUTHORIZATION CARD

The authorization card is proof of Address Confidentiality Program participation. It must be presented to state and local government agencies when requesting Address Confidentiality Program privileges. Please read the instructions below. Approval of an application will be delayed if the authorization card is incomplete or incorrect.

INSTRUCTIONS

1. A signed authorization card is required for each person listed on the application.
2. The card should be signed in the manner official documents are signed.
3. Applicants and co-applicants over the age of eighteen (18) must sign their own card.
4. If the applicant or co-applicant is under the age of eighteen (18) or incapacitated, the individual responsible for filling out the application should sign the card.
The responsible adult should sign his or her own name, not the name of the applicant or co-applicant.
5. **Only a signature is required. Do not write any other information on the card.**
6. Do not cut the card out or fold this page.
7. Mail the completed application, checklist and authorization card(s) full page to:


Address Confidentiality Program
P.O. Box 91301
Baton Rouge, LA 70821-1301

The ACP cannot accept copies or faxes of applications, checklists or authorization cards.

If you have any questions, please call (225) 925-4792 or email acp@sos.louisiana.gov

**SIGN
HERE**



STATE OF LOUISIANA ADDRESS CONFIDENTIALITY PROGRAM P.O. Box 91301 Baton Rouge, LA 70821-1301		
		
_____ Signature of participant or parent/guardian		
ACP CODE	BIRTHDATE	EXPIRES

DO NOT BEND OR FOLD THIS PAGE.